

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

9-11-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3						
4	1					
5	2					
6	2					
7	2					
8	1					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	1					
16	2					
17	2					
18	2					
19	0					
20	0					
21	2					
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50						
TOTAL IND.	1					
TOTAL DEP.	32					
TOTAL CLAIMS	33					

1	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						